

Concluding Remarks

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THE DATA presented in this symposium demonstrate granisetron's efficacy as an antiemetic agent with superior activity compared with conventional therapies. Granisetron has a very simple dosage schedule and the large majority of patients require only a single dose. Oral administration is emerging as potentially important, especially for easily maintaining control of emesis during a course of chemotherapy. It has been shown that granisetron differs in its characteristics compared with another drug of the same class, namely ondansetron. Granisetron has a higher potency, at least 5 times that of ondansetron, a more conventional dose-response curve, and a longer duration of activity - approximately double that of

ondansetron and possibly a better ability to maintain activity in subsequent courses of chemotherapy.

A topic which will be an open question for the future, which will need to be addressed by comparative studies, is the problem of achieving a higher rate of complete response by combining granisetron with other agents, mainly corticosteroids.

Finally, it was important that certain aspects of this meeting focused on the attitudes of the doctor, nurses and most of all the patients, to the problem of nausea and vomiting. The view of patients is obviously very important and differences in perspective between patients and clinicians can lead to unforeseen problems. However, it is encouraging to see that the opinions and attitudes of the patients are being considered by the medical profession, as ultimately this should lead to more effective treatment modalities.

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Panel Discussion

Dr. L. Fallowfield, Dr. A. Jones,
J. Ouwerkerk, C. Murray,
M. Watson, Prof. M. Marty
and Prof. V. Diehl

Several questions were presented to the audience during the course of the panel discussion in order to obtain their opinions on several issues relating to antiemetic treatment. These questions, along with the answers, are presented in boxes throughout the edited text of the panel discussion.

SMITH (U.K.): Do the panel believe that, in general, doctors are not very good at spotting the patient's underlying concerns regarding treatment?

JONES (U.K.): Specialists, nurses, and to a lesser extent patients, perceive nausea as actually a more important feature of chemotherapy than vomiting. Whether such information was gathered in the course of patients' chemotherapy is unclear, and it may be that clinicians who have seen a lot of people suffering with nausea would rate it more highly. In contrast, a patient who has only received one or two courses of chemotherapy may not have come to terms with the situation.

OUWERKERK (Holland): I imagine the clinician and the nurses rank nausea and vomiting higher than patients because they see the patients every day in the clinics when the patients are more than likely to feel nausea and vomiting. Individual patients in their home environment probably experience less nausea and vomiting, and this may account for the apparent difference.

SMITH: Dr Murray, what aspect of treatment worries patients the most?

MURRAY (U.K.): Prior to the initiation of treatment, we find that most patients worry about nausea and hair loss. However, during treatment, anxiety and tiredness arise, although worries

about nausea still predominate.

SMITH: This relates well with my own experience. In general patients express concern for one particular group of problems, but soon discover that the problems they were warned about are perhaps not quite so important, especially as other problems emerge.

MURRAY: The media impression of chemotherapy certainly influences many patients. Patients who contact us initially are usually very anxious about nausea because they associate chemotherapy with nausea and also hair loss. We try to reassure them that not all drugs will have these specific adverse effects, and try to give realistic information about chemotherapy. Certainly, a lot of possible misconceptions arise before treatment starts.

SMITH: Are there any discrepancies between what doctors perceive as major problems and what actually turn out to be concerns for the patient?

MARTY (France): Years ago when we were trying to assess the impact of nausea and vomiting during adjuvant chemotherapy of breast cancer, we found that the patient expressed only limited concern. However, after completing chemotherapy, patients said the worst adverse effect they experienced was nausea. Clearly, perceptions are time related. Moreover, some patients may actually become anxious if nausea is not experienced. For instance, in a patient who relapsed after adjuvant chemotherapy of breast cancer, and later received treatment with a less emetogenic drug, the absence of nausea led to the perception that the patient was receiving less-effective treatment.